

**IN THE COURT OF COMMON PLEAS COURT OF MAHONING COUNTY, OHIO,
DOMESTIC RELATIONS DIVISION**

)	Case No. _____
PLAINTIFF/PETITIONER)	
vs/and)	JUDGE BETH A. SMITH
)	
)	
)	SUMMONS
DEFENDANT/PETITIONER)	AND
)	ORDER TO APPEAR

TO THE FOLLOWING NAMED PARTY: _____

YOU ARE HEREBY ORDERED TO APPEAR BEFORE THIS COURT AND SHOW CAUSE WHY YOU SHOULD NOT BE FOUND IN CONTEMPT FOR FAILING TO COMPLY WITH A PRIOR ORDER OF THIS COURT. THE DATE, TIME AND PLACE OF THIS HEARING IS AS FOLLOWS:

_____ IN THE MAHONING COUNTY _____ COURT.
DAY DATE TIME

Failure to appear at the hearing may result in the issuance of an Order for your Arrest. If this Case involves the failure to pay support, the court may also issue an Order for the payment of support by withholding or deducting an amount from personal earnings or some other asset of yours.

Right to Counsel: You have the right to be represented by legal counsel in this matter. If you believe that you are indigent and entitled to Court-appointed counsel, you must apply for Court-appointed counsel within Three business days of receiving this Summons and Order to Appear. The Court may refuse to give you a continuance at the time of the hearing for the purpose of obtaining counsel, if you fail to make a good faith effort to retain counsel or to request Court-appointed counsel in a timely manner.

Statutory Penalties: The following penalties could be imposed upon you if you are found guilty of contempt for your failure to comply with any prior Orders of this Court, including special penalties for specific areas of contempt as set forth below: RC 2705.05

1 st Offense	\$250.00	30 Days	Or both
2 nd Offense	\$500.00	60 Days	Or both
3 rd Offense	\$1,000.00	90 Days	Or both

Imprisonment until compliance: If your contempt consists of the omission to do an act which the court finds you can yet perform you may be imprisoned until you perform it. R.C. 2705.06

Support Contempt: If you are found in contempt for failure to make child support or spousal support payments as ordered, in addition to all the other penalties, the court must order you to pay all court costs and reasonable attorney fees to the other party. R.C. 3105.21, 3113.31(K) and 3105.18(G) In addition, if the Court finds your failure to pay child support was willful, it must require you to pay interest on your child support arrearages. R.C. 3123.17

Health Insurance Contempt: If you are found in contempt for failure to comply with Health Insurance Orders relating to minor children, you are liable for any medical expenses incurred as a result of your failure, and upon a 2nd offense, your child support obligation may be increased. 3119.44 and 3119.45

Parenting Time Contempt: If you are found in contempt for failure to comply with, or interference with, companionship rights, in addition to all other penalties, the court must order you to pay all court costs and reasonable attorney fees to the other party and may also order compensatory companionship time. R.C. 3109.051(K)

Payor Contempt: If you, as the Payor, are found in Contempt for failure to withhold or deduct the the amount of money as ordered by the support Order, the Court may also require you to pay the accumulated support arrearage. R.C. 2705.05(B)

Additional Penalties: In addition to all penalties imposed by Statute, the Court has inherent power to impose additional sanctions for contempt of Court. *Hale v. State* (1896), 55 Ohio St. 210, *Zakany v. Zakany* (1984), 9 Ohio St 3d 192

DATE _____

**JUDGE/MAGISTRATE
 IN THE COURT OF COMMON PLEAS**

**DIVISION OF DOMESTIC RELATIONS
MAHONING COUNTY, OHIO**

<hr/>)	CASE NO. <hr/>
PLAINTIFF/PETITIONER)	
)	
VS/AND)	REQUEST FOR
)	COURT APPOINTED ATTORNEY
)	
<hr/>)	
DEFENDANT/PETITIONER)	
)	

I, _____, hereby acknowledge receipt of the summons and order to appear as well as the motion and notice for the contempt hearing scheduled.

I believe myself to be indigent and unable to retain counsel for the hearing as scheduled above. I hereby apply for a court-appointed attorney for representation.

Please contact me at the address or phone number listed below for verification of indigency hearing date.

DATE: _____ SIGNATURE _____

Name and Address (print or type)

Home Phone: _____

Work Phone: _____

PLEASE RETURN THIS FORM TO:

**MAHONING COUNTY DOMESTIC RELATIONS COURT
Mahoning County Courthouse, 4th Floor
120 Market Street
Youngstown, Ohio 44503
Attn: Terry**